



State of Tennessee  
Department of Environment and Conservation  
Division of Air Pollution Control  
9<sup>th</sup> Floor, L & C Annex  
401 Church Street  
Nashville, Tennessee 37243-1531

**NOTIFICATION OF DEMOLITION AND/OR ASBESTOS RENOVATION**

(Completion Instructions Attached)  
SUBMIT 10 DAYS PRIOR TO ACTIVITY

Operator Project #	Postmark	Date Received	Notification #				
<b>I. TYPE OF NOTIFICATION</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Courtesy <input type="checkbox"/> Annual <input type="checkbox"/> Cancellation							
<b>II. FACILITY INFORMATION</b>							
Owner Name: <u>MARK SAWYER</u>							
Address: <u>4901 ENKA HWY</u>							
City: <u>Morristown</u>		State: <u>TN</u>	Zip Code: <u>37813</u>				
Contact: _____		Telephone: (____) _____					
Asbestos Removal Contractor: <u>CML INC.</u>							
Address: <u>1151 Jessamine Station Rd</u>							
City: <u>Nicholasville</u>		State: <u>Ky</u>	Zip Code: <u>40356</u>				
Contact: <u>Rick Hollingsworth</u>		Telephone: (859) <u>333-3644</u>					
Other Contractor/Operator: <u>NEO CORPORATION</u>							
Address: <u>289 SILKWOOD DR</u>							
City: <u>CANTON</u>		State: <u>NC</u>	Zip Code: <u>28716</u>				
Contact: <u>Steve Steele</u>		Telephone: (865) <u>250-9454</u>					
<b>III. TYPE OF OPERATION</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Ordered Demolition <input type="checkbox"/> Emergency Renovation							
<b>IV. IS ASBESTOS PRESENT?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please provide a copy of inspection report.							
<b>V. FACILITY DESCRIPTION</b>							
Building Name: <u>LIBERTY FIBERS FACILITY (various buildings) Power House</u>							
Address: <u>4855 ENKA HWY</u>							
City: <u>Morristown</u>		State: <u>TN</u>	Zip Code: <u>37813</u> County: <u>HAMBLETON</u>				
Site Location: _____							
Building Size (square feet) _____		# of Floors: _____	Age in years: _____				
Present Use: <u>NONE</u>		Prior Use: <u>RAYON FILAMENT PRODUCTION</u>					
<b>VI. PROCEDURE AND ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL</b> (Identify any consultant or inspector involved in building inspection) <u>ACT SERVICES LLC - MICHAEL J. I</u>							
<b>VII. AMOUNT OF ASBESTOS MATERIALS:</b>							
	RACM to be Removed	Nonfriable Asbestos Material					
		To be Removed		NOT to be removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	<u>50,000</u>						
Surface Area (square feet)							
Facility Components (cubic feet)							
Other	<u>125,000 cyd</u>						
<b>VIII. SCHEDULED DATES FOR PREPARATION</b>				Start: _____	Complete: _____		
<b>SCHEDULED DATES FOR ASBESTOS REMOVAL</b>				Start: _____	Complete: _____		
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>7-6:30</u>	<u>7-6:30</u>	<u>7-6:30</u>	<u>7-6:30</u>	<u>7-6:30</u>	<u>-</u>	<u>-</u>
<b>IX. SCHEDULED DATES FOR DEMOLITION OR RENOVATION</b>				Start: <u>NOV 1, 2011</u>	Complete: <u>SEPT 30, 2013</u>		

Failure to notify the Division of a change in the start date (sections VIII and IX above) prior to activity may result in enforcement action.

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ACTIVITIES:** ALL ACM WILL BE SOAKED WITH WATER WHILE BEING HANDLED, LOADED, UNLOADED. OFF ROAD TRUCKS WILL DELIVER MATERIAL TO ON SITE CELL. USED COPP MAY HAVE MORE GLOVE BAG PIPING AND WRAP IN PLASTIC AND BE TRANSPORTED IN OFF ROAD TRUCKS TO ON SITE CELL.

**XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:** ALL RACM WILL BE WETTED DURING EXCAVATION OR DEMOLITION, LOADING, and unloading. ALL EXPOSED PIPING WILL BE COVERED WITH POLY. ANY AREAS THAT PIPE WILL BE CUT WILL BE ABATED PRIOR TO CUTTING.

**XII. WASTE TRANSPORTER #1**  
 Name: SELF - CUC INZ  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**WASTE TRANSPORTER #2**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**XIII. TEMPORARY WASTE STORAGE LOCATION:**

**WASTE DISPOSAL SITE**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**XIV. ORDERED DEMOLITION**  
 1. Attach a copy of the government issued order.  
 2. Name of authority issuing order: \_\_\_\_\_ Title: \_\_\_\_\_  
 3. Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV. EMERGENCY RENOVATION** (Attach a separate sheet with the following information.)  
 1. Date and Hour of the emergency.  
 2. Description of the Sudden, Unexpected Event  
 3. Explanation of how the event caused unsafe conditions, equipment damage, and/or an unreasonable financial burden.

**XVI. DESCRIBE THE PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND. EXPLAIN HOW NONFRIABLE ACM WILL BE REMOVED WITHOUT RENDERING IT FRIABLE (CRUMBLED, PULVERIZED, OR REDUCED TO POWDER).**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M WILL BE ONSITE DURING THE STRIPPING AND REMOVAL DESCRIBED BY THIS NOTIFICATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN COMPLETED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION.**  
 Printed Name of Owner or Operator: Phillippi R. Hollingsworth  
 Signed Name of Owner or Operator: RHollingsworth Date: June 30, 2013

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**  
 Printed Name of Owner or Operator: Phillippi R. Hollingsworth  
 Signed Name of Owner or Operator: RHollingsworth Date: June 30, 2013

Submit completed form to the address at the top of page one. Call (615) 532-0554 with any questions.